## **CLAIMS ONLY**

SERIAL NO.

( 1 7 + 1 / 2 )

APPLICANT(S)

CLAIMS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

TOTAL IND. TOTAL DEP. TOTAL CLAIMS

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FORM PTO-2022 (1-98)

TOTAL 4

TOTAL DEP.

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